



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000001

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CEDARDALE SWIM & TENNIS CLUB GROVELAND INC.

DOING BUSINESS A CEDARDALE/GROVELAND CORPORATE OUTING CENTER

ADDRESS 20 BARE HILL RD.

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: SULLIVAN,
BRIAN G.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

OUTDOOR PAVILLION ,MAIN ENTRANCE AND EXIT ON BARE HILL RD

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000005

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S.B.A.P. Ram Corporation, Inc

DOING BUSINESS AS

ADDRESS 15 ELM PARK

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: Patel, Sanjay

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD BUILDING, STORE ON FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000006

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NIEROD'S, INC.

DOING BUSINESS AS NIERODS

ADDRESS 192 MAIN ST

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: NIEROD, JOHN S

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS, FRONT, SALESROOM, REAR STORAGE, CELLAR BELOW, STORAGE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000007

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RTE #97 LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 0908-D SALEM STREET

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: MELONAS, PETER TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON FIRST FLOOR, SALES AND WALK IN COOLER STORAGE IN REAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000008

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: N C LIQUORS, INC

DOING BUSINESS AS

ADDRESS 1 WASHINGTON ST

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: COUFAS, NICK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE AND A HALF BLOCK BLDG; TWO ENTRANCES

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000012

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J & S RESTAURANT CORPORATION

DOING BUSINESS AS THE TEA GARDEN

ADDRESS 904 SALEM ST

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: HU, JIN FA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR BLOCK BUILDING, TWO ROOMS, CELLAR USED FOR STORAGE. FRONT AND REAR ENTRANCES

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000013

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GROVELAND FAIRWAYS, LLC

DOING BUSINESS AS

ADDRESS 156 MAIN ST

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: ARAKELIAN,
ROBERT P.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GOLF PRACTICE FACILITY, DRIVING RANGE THREE HOLE COURSE AND PRACTICE
GREENS AND BUNKERS. 4800 SQ FT CLUBHOUSE WITH SNACK BAR AND GENERAL FOOD

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000014

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NICHOLS VILLAGE, INC.

DOING BUSINESS AS

ADDRESS 1 NICHOLS WAY

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: Dinges, James

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000015

CITY OR TOWN GROVELAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TERRY CLIFFORD

DOING BUSINESS AS T&B CLIFFORD, PUB 97

ADDRESS 935 SALEM ST

CITY/TOWN: GROVELAND

STATE: MA

ZIP CODE: 01834

MANAGER: CLIFFORD, TERRY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BUILDING, FIRST FLOOR RESTAURANT & BAR WITH SEATING CAPACITY OF 78

I hereby certify and swear under penalties of perjury that:

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